MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Continued Care Planning	Related Policies: Supercedes memo 04/05/02
Policy Number: CTP 22	Standards/Statutes: ARM 37.27.103; 37.27.120; 37.27.129-21,5h, 6a and 37.27.13 and 37.27.718
Effective Date: 04/05/02	Page 1of 2

PURPOSE: To insure that optimum continuity of care is achieved for patients upon discharge

POLICY: Continued Care Planning includes the compilation of a thorough plan of recovery developed by

the patient and their treatment team which may include but is not limited to: referral to appropriate community based out-patient addictions, mental health, medical, vocational, legal,

peer support or other appropriate individualized services.

PROCEDURE:

- I. Approximately one week prior to discharge, the treatment team will identify patients who have progressed in their treatment to the point of being referred to the Continued Care/Relapse Prevention Group. Patient projected discharge dates, located in the TIER system, will be coordinated with the treatment team by Admissions staff to create the list of potential patients for Continued Care/Relapse Prevention Group. Admissions staff will make every effort to have this list available by Friday of each week.
- II. All discharged patients will have been referred to a variety of continued care services based on their individualized needs and the appropriate ASAM criteria determining the level of care necessary.
- III. Community based appointments for continued care will be made prior to discharge and coordinated with the referral source and other required entities, i.e. probation, courts, etc.
- IV. Barriers to successful recovery efforts will be identified and addressed with the patient prior to discharge, which may include but not limited to: medical problems; mental health issues; employment; housing; marital problems; legal obligations; etc.
- V. Continued Care/Relapse Prevention services are provided to the patients by the Intake and Transition Team who insure that all appropriate facility forms, releases, community appointments, discharge transportation, and other critical discharge and recovery plans are developed, coordinated and documented in TIER in a timely and appropriate manner.
- VI. Homeless patients will have the following issues addressed:

- A. Homeless patients are identified during the initial screening and admission process.
- B. Homelessness status is indicated in the initial nursing assessment and in Dimension 6 of the ASAM Patient Placement Criteria.
- C. The master problem list and initial treatment plan is developed indicating the individuals homeless status. The treatment plan Dimension 6 goal is developed to focus on a sober living environment being established by the time of discharge, including: halfway houses, homeless programs and shelters, group home placement, family reunification and other appropriate options.
- D. Post treatment placement in a structured living environment is discussed with the patient throughout the treatment process with multiple options explored that are appropriate and acceptable to the individual.
- E. At approximately the mid-point of treatment, the patient and their treatment team decide upon a community of residence for the patient following their discharge. As necessary, appropriate applications for a residence are completed and sent to that program for review and approval.
- F. The selected program reviews the application and determines the appropriateness of the patient and availability of a bed. If approved, the patient is transferred directly from MCDC to the approved living residence at the time of discharge.
- G. Multiple options are explored and alternate referrals are developed to insure the patient has a housing resource available to them when they leave MCDC.
- H. In the case of a patient leaving against medical advise (AMA), the patient will be given the number and address of the local homeless shelter or a homeless shelter in the community they are returning to.
- I. Under no circumstances will a homeless person leave the facility without the minimum of a referral to, or placement in, a homeless shelter.

Revisions: Rev	Dates 10/30/03		
Prepared By: <u> </u>	David J. Peshek Name	Administrator Title	10/30/03 Date
Approved By: _			10/30/03
	David J. Peshek, Adr	ministrator	Date